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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/723,626
		Filing Date	November 26, 2003
		First Named Inventor	Daniel Pratt
		Art Unit	1616
		Examiner Name	A. J. H. Alstrum
Total Number of Pages in This Submission		Attorney Docket Number	19043-501

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (\$1,055.00) <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Completed Issue Fee Form PTOL-85		
<table border="1"> <tr> <td>Remarks</td> <td> The Director is hereby authorized to charge any additional fees that may be due, or credit any overpayment of the same to Deposit Account 50-0311, Ref. No. 19043-501. </td> </tr> </table>			Remarks	The Director is hereby authorized to charge any additional fees that may be due, or credit any overpayment of the same to Deposit Account 50-0311, Ref. No. 19043-501.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C.		
Signature	/Sheridan Snedden/		
Printed name	Sheridan Snedden, Esq.		
Date	March 2, 2011	Reg. No.	55,998